

Connecticut Office of Early Childhood

Division of Licensing

450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
Phone (800)282-6063 www.ctoec.org Fax (860)326-0552

FAMILY CHILD CARE HOME INSPECTION FORM

INITIAL UNANNOUNCED FULL/PARTIAL FOLLOW UP LOCATION CHANGE OTHER

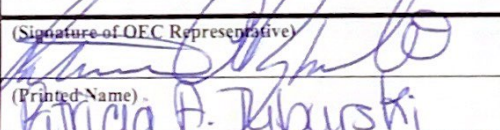
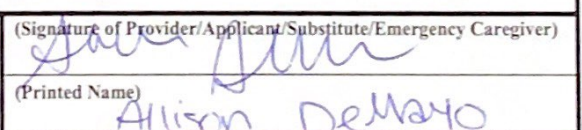
Provider: <u>Allison Demayo</u>	License Number: <u>55494</u>	Date of Inspection: <u>9/2/21</u>
Address: <u>26 School St.</u>	Expiration Date: <u>8/31/22</u>	Time of Inspection: <u>10:25am</u>
Town: <u>Berlin</u>	Capacity: <u>6+3</u>	Days/Hours: <u>M-F 7am-5pm</u>
State/Zip Code: <u>06037 - 3163</u>	Telephone: <u>860 505 8422</u>	Summer: <u>Open/Closed</u>
Email: <u>allisndemayo@gmail.com</u>		
Instructions: <input checked="" type="checkbox"/> = Compliance/No violation found <input type="checkbox"/> = Non-compliance/Violation found N/A = Not applicable at this time		

Consent to Inspect: I agree to allow the Commissioner or an authorized representative to have access to and inspect the facility and child care records during home inspections as required by Regulations Section 19a-87b-5(h).

Signature of Provider/Applicant/Substitute/Emergency Caregiver

<p>Terms of License 19a-87b-5</p> <p><input checked="" type="checkbox"/> 4. Capacity: Total # Children Present: <u>5</u></p> <p><input checked="" type="checkbox"/> 5. Nontransferability of License</p> <p><input checked="" type="checkbox"/> 6. Infant/Toddler Restriction- # Present: <u>1</u></p> <p><input checked="" type="checkbox"/> 7. License Posted</p> <p><input checked="" type="checkbox"/> 8. Parent Access to OEC Phone Number</p> <p><input checked="" type="checkbox"/> 9. Photo ID</p> <p><input checked="" type="checkbox"/> 10. Requests for Information</p> <p><input checked="" type="checkbox"/> 11. Notification of Change</p> <p>Qualifications of Applicant and Provider 19a-87b-6</p> <p><input checked="" type="checkbox"/> 12. Awareness of/Understanding of Regulations</p> <p><input checked="" type="checkbox"/> 13. Medical Statement-Exp. Date <u>7/12/24</u></p> <p><input checked="" type="checkbox"/> 14. First Aid Certificate-Exp. Date <u>5/10/23</u></p> <p><input checked="" type="checkbox"/> 15. CPR Certificate- Exp. Date <u>5/10/23</u></p> <p><input checked="" type="checkbox"/> 16. Judgment</p> <p>Members of the Household 19a-87b-7</p> <p><input checked="" type="checkbox"/> 17. Medical Statement</p> <p><input checked="" type="checkbox"/> 18. Household Environment</p> <p>Qualifications of Staff 19a-87b-8</p> <p><input checked="" type="checkbox"/> 19. Substitute/Assistant (Y/N) <u>(Y)</u></p> <p><input checked="" type="checkbox"/> 20. Emergency Caregiver</p> <p>Comprehensive Background Check 19a-87b-8a</p> <p><input checked="" type="checkbox"/> 21. Background Check(s)</p> <p>Physical Environment 19a-87b-9</p> <p><input checked="" type="checkbox"/> 22. Clean/Sanitary Environment</p> <p><input checked="" type="checkbox"/> 23. Freedom of Hazards</p> <p><input checked="" type="checkbox"/> 24. Harmful Substances/Materials Inaccessible</p> <p><input checked="" type="checkbox"/> 25. Bio-contaminants Disposed Safely</p> <p><input checked="" type="checkbox"/> 26. Safe Storage of Flammables</p> <p><input checked="" type="checkbox"/> 27. Safe Door Fasteners</p> <p><input checked="" type="checkbox"/> 28. Electrical Safety</p>	<p><input checked="" type="checkbox"/> 29. Safe Exits</p> <p><input checked="" type="checkbox"/> 30. Basement Supervision (Y/N) <u>(Y)</u></p> <p><input checked="" type="checkbox"/> 31. Stairways: Protected/Handrails</p> <p><input checked="" type="checkbox"/> 32. Emergency Plan</p> <p><input checked="" type="checkbox"/> 33. Emergency Evacuation Drills-Quarterly/Log</p> <p><input checked="" type="checkbox"/> 34. Smoke Detectors</p> <p><input checked="" type="checkbox"/> 35. Carbon Monoxide Detector</p> <p><input checked="" type="checkbox"/> 36. Fire Extinguisher- at least 5 lb ABC/Installed</p> <p><input checked="" type="checkbox"/> 37. Auxiliary Heating System (Y/N) Type: _____ Approved (Y/N)</p> <p><input checked="" type="checkbox"/> 38. Safe Storage of Weapons and Ammunition</p> <p><input checked="" type="checkbox"/> 39. Safe Space - Sufficient Indoor <u>(Y)</u> Outdoor <u>(Y)</u></p> <p><input checked="" type="checkbox"/> 40. Body of Water (Y/N) Type: _____ Barrier/Fence (4ft)</p> <p><input checked="" type="checkbox"/> 41. Hot Tubs- Locked/Inaccessible</p> <p><input checked="" type="checkbox"/> 42. Ventilation/Light - Temperature- 65°F</p> <p><input checked="" type="checkbox"/> 43. Window Safety</p> <p><input checked="" type="checkbox"/> 44. Washing/Toileting/Sewage/Garbage Facilities</p> <p><input checked="" type="checkbox"/> 45. Adequate and Safe Water: Public/Approved</p> <p><input checked="" type="checkbox"/> 46. Water Temperature 60°-120°F</p> <p><input checked="" type="checkbox"/> 47. Pasteurization of Milk Supply</p> <p><input checked="" type="checkbox"/> 48. Working Telephone/Emergency Numbers Posted</p> <p><input checked="" type="checkbox"/> 49. Safe Transportation-Registered/Insured/Restraints</p> <p><input checked="" type="checkbox"/> 50. First Aid Supplies</p> <p><input checked="" type="checkbox"/> 51. Pets: (Y/N) -Type: <u>dog</u> Rabies Certificate(s)</p> <p><input checked="" type="checkbox"/> 52. Smoking Prohibited</p> <p>Responsibilities of Provider 19a-87b-10</p> <p><input checked="" type="checkbox"/> 53. Enrollment Form</p> <p><input checked="" type="checkbox"/> 54. Child Health Record</p> <p><input checked="" type="checkbox"/> 55. Immunizations</p> <p><input checked="" type="checkbox"/> 56. Emergency Permission</p> <p><input checked="" type="checkbox"/> 57. Authorized Release</p> <p><input checked="" type="checkbox"/> 58. Field Trips/Transportation Permission- To/From School</p> <p><input checked="" type="checkbox"/> 59. Swimming Permission</p> <p><input checked="" type="checkbox"/> 60. Incident Log</p> <p><input checked="" type="checkbox"/> 61. Confidentiality</p> <p><input checked="" type="checkbox"/> 62. Meeting the Child's Needs</p> <p><input checked="" type="checkbox"/> 63. Sufficient Play Equipment</p> <p><input checked="" type="checkbox"/> 64. Good Nutrition: Meals/Snacks/Water Available</p> <p><input checked="" type="checkbox"/> 65. Handwashing</p> <p><input checked="" type="checkbox"/> 66. Flexible and Balanced Written Schedule</p>
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APPLICANTS- PLEASE NOTE: You MAY NOT OPERATE until all requirements have been met and a license has been issued by the Agency.

(Signature of OEC Representative)  (Printed Name) <u>Patricia A. Zylowski</u>	Date Corrections Due By: <u>N/A</u>	(Signature of Provider/Applicant/Substitute/Emergency Caregiver)  (Printed Name) <u>Allison Demayo</u>
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FAMILY CHILD CARE HOME INSPECTION FORM - Page 2

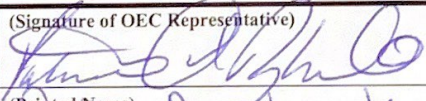

Provider: <u>Allison Demayo</u>	License Number: <u>55494</u>	Date of Inspection: <u>9/2/21</u>
<p>Responsibilities of Provider 19a-87b-10 (continued)</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 67. Personal Articles: Blanket/Towel/Toilet Articles <input checked="" type="checkbox"/> 68. Proper Rest Provisions/Safe Cribs <input checked="" type="checkbox"/> 69. Individual Plan for Care (Written if Applicable) <input checked="" type="checkbox"/> 70. Cultural Differences/Special Needs/Dev. Appr. Activities <input checked="" type="checkbox"/> 71. Infant Care- Individual Attention/Held for Bottle Feedings <input checked="" type="checkbox"/> 72. Infants Placed on Back for Sleeping <input checked="" type="checkbox"/> 73. Infants Placed in Well-Const. Crib/Snug Mattress/Tight Sheet <input checked="" type="checkbox"/> 74. Crib or other Provision Free from Observable Hazards <input checked="" type="checkbox"/> 75. Infants not Swaddled <input checked="" type="checkbox"/> 76. Infants Supervised- observed minimum every 15 minutes <input checked="" type="checkbox"/> 77. Req. for Sleep Arrangements Posted/Discussed <input checked="" type="checkbox"/> 78. Diaper Changing: Frequent/Sanitary/Hand Washing/Waste Disp. <input checked="" type="checkbox"/> 79. Parent Information and Access <input checked="" type="checkbox"/> 80. Developmental Milestones-Posted <input checked="" type="checkbox"/> 81. Supervision-At all Times- Indoors/Outdoors <input checked="" type="checkbox"/> 82. Personal Schedule-Alert/Competent Attention <input checked="" type="checkbox"/> 83. Full Attention-Distractions/Employment/Socialization <input checked="" type="checkbox"/> 84. Immediate Attention <input checked="" type="checkbox"/> 85. Substitute/Emergency Caregiver Present <input checked="" type="checkbox"/> 86. Appropriate Discipline/Behavior Management <input checked="" type="checkbox"/> 87. Discuss Behavior Management Methods w/Staff/Parents <input checked="" type="checkbox"/> 88. Child Protection: Abuse/Neglect <input checked="" type="checkbox"/> 89. Notify OEC within 24 hrs.: Death/Serious Injury <input checked="" type="checkbox"/> 90. Mandated Reporting of Abuse/Neglect to DCF <p>Sick Child Care 19a-87b-11</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 91. Sick Child Care <p>Night Care 19a-87b-12 (Y/N) (10pm to 5am)</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 92. Separate Bed/Location of Bed/Appropriate Sleepwear 	<p>Office Access, Inspections and Investigations 19a-87b-13</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 93. Access- Immediate/Entire or Part of Facility/Records <p>Administration of Medications 19a-87b-17</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 94. Policies and Procedures for Admin of Meds <input checked="" type="checkbox"/> 95. Parent Permission for Nonprescription Topical Meds <input checked="" type="checkbox"/> 96. Notification and Documentation of Medication Error(s) <input checked="" type="checkbox"/> 97. Nonprescription Topical Meds - Stored/Labeled <input checked="" type="checkbox"/> 98. Unused/Expired Nonprescription Meds <input checked="" type="checkbox"/> 99. Documented Medication Trained Staff <input checked="" type="checkbox"/> 100. Written Authorized Prescriber/Parent Permission <input checked="" type="checkbox"/> 101. MAR Maintained <input checked="" type="checkbox"/> 102. Prescription Meds - Stored/Labeled <input checked="" type="checkbox"/> 103. Unused/Expired Prescription Meds <input checked="" type="checkbox"/> 104. Emergency Meds - Equip Labeled/Current <input checked="" type="checkbox"/> 105. Self-Administration of Meds <input checked="" type="checkbox"/> 106. Petition for Special Medication Authorization <input checked="" type="checkbox"/> 108. Policies for Finger Stick Blood Glucose Testing <input checked="" type="checkbox"/> 109. Finger Stick Blood Glucose Testing - Staff Trained <input checked="" type="checkbox"/> 110. Self Admin of Finger Stick Blood Glucose Testing <input checked="" type="checkbox"/> 111. Testing Equip & Supplies-Maintain/Labeled/Locked/Disposed <input checked="" type="checkbox"/> 112. Finger Stick Blood Glucose Testing Records <input checked="" type="checkbox"/> 113. Parent Notification of Test Results <p>Additional Violations</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 114. Consent Order/Negotiated Corrective Action Plan 	

Discussions/Comments:

Discussed:

- obtaining enrollment form for sibling
- due to parents not entering the home, sharing documents with them electronically that they are to have access to
- vaccination requirement or testing requirement starting Sept.

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(Signature of OEC Representative) 	Date Corrections Due By: N/A	(Signature of Provider/Applicant/Substitute/Emergency Caregiver) 
(Printed Name) Terrence A. Zyborwski		(Printed Name) Allison Demayo